



ACCOMMODATIONS

DORMITORY AND MEAL INFORMATION



INDIVIDUAL STUDENT ACCOMMODATIONS

Course: _____ Start Date: _____

Name: _____

Dormitory Accommodations Needed (____ Yes ____ No)

Arrival Date: _____ (Students check in 4:00-9:00 p.m.)

Departure Date: _____ (Check-out time is 8:00 a.m.)

Total Length of Stay: _____ days / _____ nights (i.e., 5 days / 4 nights)

GROUP ACCOMMODATIONS

Name of Group / Fire Department / Organization: _____

Contact Name: _____ Contact Phone: () _____

How Many in Group / Fire Department / Organization: _____

Number of Rooms Required: _____

Number of Male Occupants: _____ Female: _____

No. of Handicapped Accessible Rooms Required: _____

Total Length of Stay: _____ days / _____ nights (i.e., 5 days/4nights)

If you have any questions regarding accommodations, please contact Kerry Atwell,
Hospitality Manager @ 931-294-4305.
